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| cid:image005.jpg@01D31C26.317013C0 | **Australian Institute of Health and Welfare** |

**Executive Level 2 (EL2) Leadership Program**

**PARTICIPATION AGREEMENT**

The Australian Institute of Health and Welfare (AIHW) EL2 Leadership Program has been designed to deliver modern and best practice approaches across a number of leadership disciplines such as strategic thinking, stakeholder engagement, adaptive leadership, leading through change and developing high-performing teams. A maximum of 20 participants will be in each cohort, consisting of AIHW staff and other small agency staff.

Prior to the commencement of the program external participants may elect to complete a 360 feedback survey and receive a one-on-one debriefing. Over the three-month period participants can also select to have three coaching sessions. The cost of these components is additional to the three face-to-face modules. Please note, participants are unable to nominate to attend individual modules.

The table below shows the dates and location of the modules and the breakdown of cost.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Activity** | **Date** | **Start/Finish Time** | **Location** | **Cost** |
| **360 Feedback** | To be coordinated with Yellow Edge | | Yellow Edge office, Barton/Virtual | $700 |
| **Module 1** (2 days) | 5 April  6 April | 9.15 – 5.00  9.15 – 5.00 | Ramada Encore Belconnen | $819 |
| **Module 2** | 4 May | 9.30 – 5.00 | AIHW, 1 Thynne St Bruce |
| **Module 3** | 9 June | 9.30 – 5.00 | AIHW, 1 Thynne St Bruce |
| **Coaching** | 3 sessions to be coordinated with Yellow Edge directly | | | $1,350 |
| **Total cost** | | | | $2,869 |

Please nominate the additional program electives you wish to participate in:

360 Feedback

Coaching (x3 sessions)

**Invoice Details**

|  |  |
| --- | --- |
| **Company** |  |
| **ABN** |  |
| **Contact** |  |
| **Address** |  |
| **Email\*** |  |

*\*Accounts/Finance team details are preferred*

By signing this form you are agreeing to the cost of the program and the expectations for participation. The AIHW will invoice participants for the agreed cost.

**Program participant**

I agree to attend and proactively participate in all of the core program modules and take the opportunity to network and build working relationships with other participants.

In the unforeseen event that I am unable to attend a module, I will contact the AIHW to discuss alternative options.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Signature |  | **/ / 22** |

**Participant’s Manager/Financial Delegate**

I approve and support the participant in attending all modules of this program and to the costs outlined in this agreement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Signature |  | **/ / 22** |

**Please return to** [**ldhelp@aihw.gov.au**](mailto:ldhelp@aihw.gov.au) **by COB 11 March**